



Michigan Department of State  
Bureau of Elections  
[www.michigan.gov/sos](http://www.michigan.gov/sos)

# **POLITICAL PARTY COMMITTEE**

## **CAMPAIGN STATEMENT**

### **INSTRUCTIONS AND FORMS**

**Do not use these forms if:**

- The Committee files with the Michigan Department of State and
- Spent or received \$20,000.00 or more in a calendar year.

**You must file electronically.**

**Questions:**

Contact us at:

Michigan Department of State  
Bureau of Elections  
P.O. Box 20126  
Lansing, Michigan 48901-0726  
Phone: (517) 373 2540  
Fax: (517) 241-4785

Visit us at:

430 West Allegan Street  
1<sup>st</sup> Floor Treasury Building  
Lansing, MI 48918

[www.michigan.gov/sos/](http://www.michigan.gov/sos/)

**Electronic Filing Help Desk:**

Merts Plus Helpdesk: 703-749-4642

Merts Plus Email: techsupport@nicusa.com

## **INSTRUCTIONS FOR COMPLETING CAMPAIGN STATEMENT FORMS FOR POLITICAL PARTY COMMITTEES**

A Campaign Statement must include a Cover Page and the Schedules that apply to the committee's transactions during the Campaign Statement coverage period. The Schedules are described below:

**Item 1 of each Schedule: COMMITTEE I.D. NUMBER.** Enter the committee's Campaign Finance Identification number as assigned by the filing official on ALL Schedule pages.

**Item 2 of each Schedule: COMMITTEE NAME.** Enter the committee's official name as it appears on the Statement of Organization.

**Schedule 3A, Itemized Contributions.** Schedule 3A is used to report detailed information for contributions or loans from individuals, committees and persons other than financial institutions received by the Political Party Committee. The committee must report the name, address, date and amount for all money that is deposited into the account it uses for making expenditures to further the nomination or election of a candidate to a state, local or judicial position, expenditures to influence the qualification, passage or failure of a ballot question and expenditures for get-out-the-vote activities in Michigan. The information must also include the occupation, employer and principal place of business if cumulative contributions from an individual are \$100.01 or more in a calendar year.

**Schedule 3A-1, Itemized Other Receipts.** Schedule 3A-1 is used to report receipts of money that are not contributions to the committee such as loans or interest from financial institutions, rebates and refunds, returned or un-cashed checks, etc.

**Schedule 3-IK, Itemized In-Kind Contributions.** Schedule 3-IK is used to report contributions or loans of goods, services or facilities to the committee and endorsements or guarantees of loans from financial institutions.

**Schedule 3B, Itemized Expenditures.** Schedule 3B is used to report all direct expenditures of money by the committee to Candidate Committees, Ballot Question Committees or other committees.

**Schedule 3B-1, Itemized Independent Expenditures.** Schedule 3B-1 is used to report expenditures in support or opposition to the nomination or election of a candidate, or in support or opposition to the qualification, passage or defeat of a ballot question and are not under the direction or control of any other committee or agent of a committee and are not direct contributions to a committee.

**Schedule 3B-2, Itemized In-Kind Expenditures.** Schedule 3B-2 is used to report the purchase of goods or services on behalf of other committees or the donation or loan of goods or services to other committees. Usually the expenditures are made on behalf of a Candidate Committee or a Ballot Question Committee, but may also be made for a Political or Independent committee that is not a separate segregated fund or for another Political Party Committee. In such a situation, the committee making the expenditure spends funds to provide goods (buying a computer or office supplies) or services (paying for a media consultant or advertising) for another committee. The amount reported is the exact amount paid for the goods or services.

Schedule 3B-2 is also used to report the fair market value of goods, services or facilities that the committee permits another committee to use, or that the committee gives to another committee or person. Example: A Political Party committee lends a printer to a Candidate Committee for use during a campaign or donates the use of office space for a campaign office.

The committee making the expenditure does not spend any money but gives the use of something it already possesses to another committee. The fair market value of the goods or services is the rental value or the amount the recipient committee would have paid to purchase or rent the goods or services.

An endorsement or guarantee of a loan from a financial institution is also an in-kind expenditure; therefore a person may not endorse a loan for more than the election cycled contribution limits for that candidate.

All in-kind expenditures must be reported as in-kind expenditures by the contributing committee and as in-kind contributions by the recipient committee and are subject to contribution limits. An in-kind expenditure is made under the direction or control of a candidate or another person or committee and is therefore subject to the contribution limits applicable to a recipient Candidate Committee. There is no contribution limit for direct or in-kind expenditures made to or on behalf of Ballot Question Committees.

**Schedule B-G, Get-Out-The-Vote Activities.** Schedule B-G is used to report expenditures made by the Political Party Committee for election day busing of voters to the polls, slate cards, challengers, poll watchers, poll workers and other get-out-the-vote activities such as voter registration drives and phone banks. All committees are required to include, in addition to other information required in their Campaign Statements, an itemized listing of all expenditures made during the reporting period for voter registration or get-out-the-vote activities. This includes expenditures for election day busing of electors to the polls, get-out-the-vote activities, slate cards, challengers, poll watchers, and poll workers.

Reportable get-out-the-vote expenditures include, but are not limited to:

- Election day busing of voters to the polls. (This includes all types of transportation.)
- Slate cards (printing and distribution)
- Challengers
- Poll watchers
- Poll workers
- Get-out-the-vote activities:
  - Telephone banks
  - Election day literature (other than slate cards)
  - Canvassing of voters
  - Transportation other than by bus
  - Voter registration drive

**Schedule 3E, Debts and Obligations.** Schedule 3E is used to report the status of outstanding debt owed to or by the Political Party Committee and the name of any persons who have endorsed or guaranteed loans for the committee.

**SUBTOTAL:** Enter the total of all transactions on each page of each type of Schedule.

**SCHEDULE TOTAL:** Enter the total of all transactions on the last page of each type of Schedule.

*NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

POLITICAL PARTY COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers

From: \_\_\_\_\_ To: \_\_\_\_\_  
Mo/ Day/Year Mo/ Day/Year

1. Committee I.D. Number

2. Committee Name

4. Committee's Mailing Address:

Area Code & Phone ( ) -

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name & Residential Address

Area Code & Phone ( ) -

6. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

Area Code & Phone ( ) -

7. TYPE OF STATEMENT

7a. ☐ PRE-ELECTION

OR

7b. ☐ POST ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ SCHOOL ☐ SPECIAL

☐ CONVENTION ☐ CAUCUS

Date of Election

Month/Day/Year

7c. ☐ ANNUAL STATEMENT

( ) Coverage Year

7d. ☐ AMENDMENT TO  
CAMPAIGN STATEMENT

Complete Items 7a, 7b, 7c or 7e to indicate which Statement is being amended

7e. ☐ DISSOLUTION OF  
COMMITTEE  
Effective Date of Dissolution

Month/Day/Year

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, or 6 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

8. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer  
or \_\_\_\_\_ / \_\_\_\_\_ Date  
Designated Record  
Keeper \_\_\_\_\_  
Type or Print Name Signature Mo / Day / Year

## **INSTRUCTIONS FOR COMPLETION OF COVER PAGE**

**Item 3: CAMPAIGN STATEMENT COVERAGE PERIOD.** Enter the dates covered by the Campaign Statement.

**Item 4: COMMITTEE MAILING ADDRESS.** Enter the committee mailing address and telephone number.

**Item 5: TREASURER'S NAME AND ADDRESS.** Enter the committee treasurer's full name, residential or business address and a phone number where the treasurer may be reached during business hours.

**Item 6: DESIGNATED RECORD KEEPER.** If the committee has a designated record keeper, enter his or her full name, mailing address and telephone number.

**Item 7: TYPE OF STATEMENT.** Check the appropriate boxes to indicate the type of Campaign Statement being completed. For a pre or post-election statement, include the date of the election in the space provided.

**Item 8: VERIFICATION.** The treasurer or designated record keeper must verify that all reasonable diligence was used in the completion of the Campaign Statement and attached Schedules and that the contents of the Statement are true, accurate and complete to the best of their knowledge and belief. Enter the treasurer's or the designated record keeper's name, signature and date where indicated



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 3A  
POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

If contribution is from an individual, enter last name first and street address. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, street address and treasurer's name. Report <u>all</u> contributions, regardless of amount.	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Contributor Name: _____</p> <p>Contributor Address: _____</p> <p>If from a committee, enter the committee treasurer's Name: _____</p> <p><b>5. If over \$100.00 cumulative, please provide:</b></p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person</p>		
<p>3. Contribution # 2      Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Contributor Name: _____</p> <p>Contributor Address: _____</p> <p>If from a committee, enter the committee treasurer's Name: _____</p> <p><b>5. If over \$100.00 cumulative, please provide:</b></p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person</p>		
<p>3. Contribution # 3      Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Contributor Name: _____</p> <p>Contributor Address: _____</p> <p>If from a committee, enter the committee treasurer's Name: _____</p> <p><b>5. If over \$100.00 cumulative, please provide:</b></p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person</p>		
<p>3. Contribution # 4      Is this contribution from a PAC? <input type="checkbox"/> YES      4. Date of Receipt _____</p> <p>Contributor Name: _____</p> <p>Contributor Address: _____</p> <p>If from a committee, enter the committee treasurer's Name: _____</p> <p><b>5. If over \$100.00 cumulative, please provide:</b></p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person</p>		
<p>Page Subtotal)</p> <p>Grand Total of All Schedules 3A (Complete on last page of Schedule</p>		

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3A, ITEMIZED CONTRIBUTIONS**

**Item 3: CONTRIBUTOR'S NAME AND ADDRESS.** For individuals, enter the contributor's last name, first name and middle initial (if any) and address. If the individual's cumulative contributions for the calendar year (through the date of this contribution) exceed \$100.00, also enter the name of the contributor's employer, the individual's occupation and the address of their principal place of business. For a committee, group, business, firm or any other type of organization, report the name and address. If you have confirmed that a business is not incorporated, indicate this in any open space available in the box. Note example below. For a partnership that has requested attribution to individual partners, report the individuals' names and street addresses with their proportion of the contribution. Do not report the name of the partnership. For a committee (Candidate, Political, Independent, or Political Party), report the committee name, address and treasurer's name. Do not enter the name of the person who signed the check if other than the treasurer. If the contribution is from a Political or Independent Committee, check the box to indicate that it is a "PAC Receipt". If the contribution is from any source that is not a Political or Independent Committee, leave the box unmarked.

**MEMO ITEMIZATIONS:** For a person or group that is not a registered committee, or if the contribution is from an out-of-state committee that is not registered in Michigan, report the name and address of the group or committee on Schedule 3A with the notation "Memo Itemization Below". In the spaces immediately following this entry, enter the name, street address, date and amount for each individual whose contribution was a part of the total contribution and enter the notation "Memo Itemization" as shown in the example below.

**NON-REPORTABLE FUNDS:** Funds donated to a Political Party Committee that are clearly designated by the contributor as intended for "non-political" or "administrative" purposes should not be placed into the account used by the Political Party Committee for candidate or ballot question support or opposition and should not be reported on a Campaign Statement.

**Item 4: TYPE OF CONTRIBUTION.** Check the appropriate box to indicate the type of contribution: If the contribution is receipt of money, check the "**Direct**" box. If the contribution is a loan of money from a person who expects to be repaid, check both the "**Direct**" box and the "**Loan from a person**" box. Also enter the person's name, street address, date and amount on Schedule 3E, Debts and Obligations if the loan has not been repaid by the close of the reporting period for the current Campaign Statement.

**Item 5: DATE OF RECEIPT.** Enter the date the contribution was received by the committee treasurer, designated record keeper or other agent of the committee. Do not enter the date the check was written or the date the contribution was deposited. A contribution is *received by a committee* on the date that the monetary funds, written instrument, or in-kind contribution of goods from the contributor have come into the *physical possession of the committee treasurer, designated record keeper or other person acting as an agent of the committee*. Only report on Schedule 3A the contributions that were received during the period covered by the Campaign Statement.

**Item 6: AMOUNT OF CONTRIBUTION.** Enter the amount of the contribution. Each contribution must be listed separately, even if two or more contributions are received from the same person.

**Item 7: CUMULATIVE FOR THE CALENDAR YEAR.** Enter the cumulative amount of all contributions from this contributor for the calendar year. Include all contributions received from the contributor through the date of this contribution, including in-kind contributions.





MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED OTHER RECEIPTS**  
**SCHEDULE 3A-1**  
**POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #2 Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 _Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 _Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 _Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 _Name:  Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal			
Grand Total of All Schedules 3A -1 (Complete on last page of Schedule)			

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3A-1, ITEMIZED OTHER RECEIPTS**

**Item 3: NAME.** Enter the name and address of the person from whom the money was received.

**Item 4: DATE OF RECEIPT.** Enter the date the money was received by the committee treasurer, designated record keeper or other agent designated by the treasurer.

**Item 5: TYPE OF RECEIPT.** Check the appropriate box to indicate the type of "Other Receipt:" a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit or "other." If "other", provide a brief description in the space provided, such as "return of excess contribution."

**Item 6: AMOUNT.** Enter the total amount of the receipt.



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 3-IK  
POLITICAL PARTY COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. If contribution is from an individual enter last name first. Check box to indicate if contribution is from a Political Committee or Independent Committee (PAC). Report <u>all</u> in-kind contributions regardless of amount.	4. Type of In-Kind Contribution 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> YES Name:  Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer:  Business Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b>  Description _____ 5. <b>DATE OF RECEIPT:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ _____		
Contribution # 2      PAC Receipt? <input type="checkbox"/> YES Name:  Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer:  Business Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b>  Description _____ 5. <b>DATE OF RECEIPT:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ _____		
Contribution # 3      PAC Receipt? <input type="checkbox"/> YES Name:  Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation:  Employer:  Business Address:	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - <b>LOAN</b>  Description _____ 5. <b>DATE OF RECEIPT:</b> _____ 6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ _____		
Page Subtotal			
Grand Total of all Schedules 3-IK (Complete on last page of Schedule)			

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3-IK, ITEMIZED IN-KIND CONTRIBUTIONS**

**Item 3: CONTRIBUTOR'S NAME.** For individuals, enter the contributor's last name, first name and middle initial (if any), street address. If the individual's cumulative contributions for the calendar year (through the date of this contribution) exceed \$100.00, also enter the name of the contributor's employer, the individual's occupation and the address of their principal place of business. For a committee, group, business, firm or any other type of organization, report the name, address. If you have confirmed that a business is not incorporated, use the occupation/employer space to indicate "Not incorporated." For a committee (Candidate, Political, Independent or Political Party), report the committee name, treasurer's name, and committee address. Do not enter the name of the person who signed the check if other than the treasurer. If the contribution is from a Political or Independent Committee, check the box to indicate that it is a "PAC Receipt." If the contribution is from any source that is not a Political or Independent Committee, leave the box unmarked.

**MEMO ITEMIZATION:** For a partnership or limited liability company that has requested attribution to individual partners or members report the individuals' names and street addresses with their proportion of the contribution. Do not report the name of the partnership or company. For a person or group that is not a registered committee, or if the contribution is from an out-of-state committee that is not registered in Michigan, report the name and address of the contributing group or committee on Schedule 3-IK with the notation "Memo Itemization Below" written above the name of the contributor. In the spaces for the next contribution records immediately following this entry, enter the notation "Memo Itemization" and the name, street address, date and amount for each individual whose contribution was a part of the total contribution.

**Item 4: TYPE OF CONTRIBUTION.** Check one of the boxes to indicate the category of the in-kind contribution. Loan endorsement or guarantee (Use only for loans from financial institutions; place the name and address of the financial institution in the space provided for vendor name and address. Also complete the endorsement section of Schedule 3E, Debts and Obligations); Goods donated or loaned; Goods or services purchased by others (also complete vendor name and address); Goods or services purchased by others-Loan (also complete vendor name and address and Schedule 3E, Debts and Obligations). Provide a brief description of the goods or services in the space provided.

**Item 5: DATE OF RECEIPT.** Enter the date the contribution was received by the committee. *An in-kind contribution is considered to be received by the committee on the date the committee treasurer, designated record keeper or other person acting as an agent of the committee receives verbal or written notice from the contributor that the contribution has, in fact, been made.* The date must be within the coverage period of the Campaign Statement.

**Item 6: VENDOR NAME AND ADDRESS.** If the in-kind contribution consists of goods or services purchased on behalf of the committee by another person, enter the name and address of the vendor or person from whom the purchase was made. If the in-kind contribution is the endorsement or guarantee of a loan from a financial institution, enter the name and address of the bank, savings and loan or credit union from which the loan was obtained.

**Item 7: AMOUNT.** Enter the fair market value of the contribution; if the goods or services were purchased, enter the purchase price.

**Item 8: CUMULATIVE FOR THE CALENDAR YEAR.** Enter the cumulative amount of all contributions from this contributor for the calendar year. Include all contributions received from the contributor through the date of this contribution, including direct and in-kind contributions.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 3B  
POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Subtotal this page				
Grand Total of all Schedules 3B (Complete on last page of Schedule)				

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3B, ITEMIZED EXPENDITURES**

**Item 3: NAME AND ADDRESS OF PERSON PAID.** Enter the name and address of each Candidate Committee, Ballot Question Committee, Political Committee, Independent Committee or other Political Party Committee to which the committee made a direct expenditure in any amount during the period covered by the Campaign Statement.

**Item 4: PURPOSE OF EXPENDITURE.** Describe the purpose of the expenditure. This item is required.

**Item 5: CANDIDATE OR BALLOT QUESTION INFORMATION.** If the expenditure was made to a Candidate Committee, enter the candidate's name, office sought, district number or name of jurisdiction served by the office, and the county of residence of the candidate. If the expenditure was made to a Ballot Question Committee, include the name or number assigned to the proposal, and indicate whether it is a statewide, multi-county or single-county issue. If it is a single-county issue, list the name of the county involved. If it is a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. Check the "**Payment of debt or obligation reported on previous statement**" box if the expenditure was made to repay a debt or obligation that was reported as outstanding on a previous Campaign Statement.

**Item 6: DATE OF EXPENDITURE.** Enter the date the expenditure (check, money order, wire transfer, etc.) was written from the committee's political bank account. **All expenditures over \$50.00 must be made by written instrument.**

**Item 7: AMOUNT OF EXPENDITURE.** Enter the full amount of the expenditure.

**Item 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE.** If the expenditure was made to a Candidate Committee, enter the cumulative amount of all direct or in-kind expenditures made by the committee through the date shown in Item 6 in support of that candidate during the candidate's election cycle.

*A candidate's current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which that office will appear on the ballot.*

If the expenditure was made to a Ballot Question Committee, enter the cumulative amount the committee has expended in support of the proposal for the current election through the date shown in Item 6. The cumulatives for a ballot proposal are "for the election."



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED INDEPENDENT EXPENDITURES**  
**SCHEDULE 3B-1**  
**POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_  
-  
2. Committee Name \_\_\_\_\_  
-

**Complete this form to report independent expenditures for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.**

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for the Election or Election Cycle
Expenditure #1 Name:  Address:  4. Purpose: _____  <input type="checkbox"/> Support <input type="checkbox"/> Oppose	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous Statement			
Expenditure #2 Name:  Address:  4. Purpose: _____  <input type="checkbox"/> Support <input type="checkbox"/> Oppose	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous Statement			
Expenditure #3 Name:  Address:  4. Purpose: _____  <input type="checkbox"/> Support <input type="checkbox"/> Oppose	5. _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous Statement			
Subtotal this page				
Grand Total of all Schedules 3B-1 (Complete on last page of Schedule)				

**INSTRUCTIONS FOR COMPLETING SCHEDULE 3B-1,**  
**ITEMIZED INDEPENDENT EXPENDITURES**

**Item 3: NAME AND ADDRESS OF PERSON PAID.** Enter the name and address of each individual or business to which the committee made an independent expenditure in any amount during the period covered by the Campaign Statement to support or oppose a candidate or ballot question.

**MEMO ITEMIZATION:** If the expenditure requires further itemization, the breakdown must be shown by using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written in the space below the date and the amount. Complete the entry. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and complete the entry. Repeat until the itemization is complete for expenditure being itemized.

**Item 4: PURPOSE.** Describe the purpose of the expenditure. This is a required item.

**Item 5: CANDIDATE.** If the expenditure was made to support or oppose a Candidate Committee, enter the candidate’s name, office sought, district number or name of jurisdiction served by the office, and the county of residence of the candidate.

**BALLOT QUESTION.** If the expenditure was made to support or oppose a Ballot Question Committee or issue, include the name or number assigned to the proposal, and indicate whether it is a statewide, multi-county or single-county issue. If it is a single-county issue, list the name of the county involved. If it is a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

**Item 6: DATE OF EXPENDITURE.** Enter the date the expenditure (check, money order, wire transfer, etc.) was written from the committee’s political bank account. **All expenditures over \$50.00 must be made by written instrument.**

**Item 7: AMOUNT OF EXPENDITURE.** Enter the full amount of the expenditure.

**Item 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE.** If the expenditure was made to support or oppose a Candidate Committee, enter the cumulative amount of all expenditures made by the committee through the date shown in Item 6 in support or opposition to that candidate during the candidate’s election cycle. *A candidate’s current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which that office will appear on the ballot.* If the expenditure was made to support or oppose a Ballot Question Committee, enter the cumulative amount the committee has expended in support or opposition of the proposal for the current election through the date shown in Item 6. The cumulatives for a ballot proposal are “for the election.”





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND EXPENDITURES**  
**SCHEDULE 3B-2**  
**POLITICAL PARTY COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2 Committee Name \_\_\_\_\_

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased	4. Type of In-Kind Expenditure (Check applicable box or boxes)  5. Date of Expenditure  6. Name & Address of Vendor from whom goods or services were purchased	7. Amount of Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name:  Address:  _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b>  Description _____  5. <b>DATE OF EXPENDITURE:</b> _____  6. <b>VENDOR NAME &amp; ADDRESS:</b> _____  _____			
Expenditure #2 Name:  Address:  _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b>  Description _____  5. <b>DATE OF EXPENDITURE:</b> _____  6. <b>VENDOR NAME &amp; ADDRESS:</b> _____  _____			
Expenditure #3 Name:  Address:  _____ Name of Candidate  _____ Office Sought & District # or Jurisdiction  _____ County  _____ Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - <b>LOAN</b>  Description _____  5. <b>DATE OF EXPENDITURE:</b> _____  6. <b>VENDOR NAME &amp; ADDRESS:</b> _____  _____			
Page Subtotal)				
Grand Total of all Schedules 3B-2 (Complete on last page of Schedule				

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3B-2, ITEMIZED IN-KIND EXPENDITURES**

### **Item 3: NAME AND ADDRESS OF PERSON OR COMMITTEE TO WHOM GOODS OR SERVICES WERE DONATED OR LOANED, OR FOR WHOM GOODS OR SERVICES WERE PURCHASED.**

If the goods or services were purchased for or donated or loaned to a Candidate Committee, enter the name and address of the committee, the candidate's name, office sought (including the district number or jurisdiction), and the candidate's county of residence. If the goods or services were purchased for, donated or loaned to a Ballot Question Committee, enter the name and address of the committee and provide a brief description of the ballot proposal involved.

**Item 4: TYPE OF IN-KIND EXPENDITURE.** Indicate the type of in-kind expenditure by checking the appropriate box. Describe the goods or services in the space provided. Loan endorsement or guarantee – if the Political Party Committee guaranteed the repayment of a loan a Candidate or Ballot Question Committee obtained from a financial institution. Goods donated or loaned – if the Political Party Committee permitted a Candidate or Ballot Question Committee to use some materials, supplies, facilities or other non-monetary assets owned by the Political Party on a temporary or permanent basis. Services donated – if the Political Party Committee provided services to a Candidate or Ballot Question Committee at no cost or at a discount. Goods or services purchased – if the Political Party Committee purchased goods or services for a Candidate or Ballot Question Committee.

**Item 5: DATE OF EXPENDITURE.** Enter the date the funds were spent or the goods or services were made available to the recipient committee.

**Item 6: VENDOR NAME AND ADDRESS.** If the goods or services were purchased by the Political Party Committee on behalf of the recipient committee, enter the name and address of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided, donated or loaned, but no money was spent, leave this item blank.

**Item 7: AMOUNT OF MONEY SPENT.** Enter the amount paid if goods or services were purchased. If no money was spent, leave this item blank.

**Item 8: FAIR MARKET VALUE.** Enter the amount of the loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee. You may use the price the recipient committee would have had to pay to rent or purchase the goods or services directly. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

**Item 9: CUMULATIVE FOR ELECTION OR ELECTION CYCLE.** Enter the cumulative expenditures for the election cycle for each listed Candidate Committee. Enter the cumulative expenditures for the election for each listed Ballot Question Committee. Add the value of in-kind expenditures to or for the recipient committee to direct expenditures during the election (Ballot Question Committee) or election cycle (Candidate Committee) through the expenditure reported here. Cumulative expenditures are accumulated in date order.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**  
**SCHEDULE B - G**  
**POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS AND GET-OUT-THE VOTE ACTIVITY.** Describe the specific Get-Out-The -Vote activity in Item 4f.

**ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<p>Expenditure #1 Name &amp; Address: _____</p> <p>For Activity Type "b" – "f" check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____
<p>Expenditure #2 Name &amp; Address: _____</p> <p>For Activity Type "b" – "f" check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____
<p>Expenditure #3 Name &amp; Address: _____</p> <p>For Activity Type "b" – "f" check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent</p> <p>If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement</p> <p>Candidate Name _____ Office Sought &amp; District # or Jurisdiction _____ Candidate's County _____</p> <p>Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____</p>	<p>a. <input type="checkbox"/> Election Day Busing of Voters To The Polls</p> <p>b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers</p> <p>d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers</p> <p>f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____</p> <p>Cumulative for Candidate or Ballot Proposal \$ _____</p>		\$ _____
Subtotal this page			
Grand Total of all Schedules B-G (Complete on last page of Schedule)			

## **INSTRUCTIONS FOR COMPLETING SCHEDULE B-G, GET-OUT-THE-VOTE ACTIVITIES**

**Item 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE.** Enter the complete address of each person paid for get-out-the-vote activities.

**MEMO ITEMIZATION:** If the expenditure is in support of, or in opposition to, more than one candidate, or multiple ballot proposals, or a combination of candidates and proposals (as in slate cards), the cost must be allocated to each candidate or proposal, using MEMO ITEMIZATIONS. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written in the space below the date and the amount. Complete the entry. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the name of the candidate or ballot proposal involved. Complete the entry. Report the allocated amount for the candidate or proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that candidate (for the election cycle) or that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is complete for each candidate or proposal related to the expenditure being itemized.

**Item 4: TYPE OF ACTIVITY.** Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided. Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a candidate or ballot proposal. If the expenditure was related to only one candidate, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name, office sought, district number or jurisdiction and the county of residence of the candidate, and the election cycle cumulative expenditures for that candidate through the date of this expenditure. If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal.

Please Note: **For cumulative expenditures related to a candidate:** if the committee checks the in-kind box, the cumulative must reflect all direct and in-kind expenditures made to that candidate through the date of the expenditure being itemized. Independent expenditures related to that candidate are accumulated separately.

**For cumulative expenditures related to a ballot proposal:** Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations

**Item 5: DATE.** Enter the date on which the expenditure was made to the entity in Item 3.

**Item 6: AMOUNT.** Enter the total amount paid to the entity in Item 3.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS  
SCHEDULE 3E  
POLITICAL PARTY COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Yes <input type="checkbox"/> Corp? <input type="checkbox"/> Owed to or by: _____ _____ _____	4. Type: _____  5. <b><u>Date Debt Was Incurred:</u></b> _____  6. <b><u>Original Amount of Debt:</u></b> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Yes <input type="checkbox"/> Corp? <input type="checkbox"/> Owed to or by: _____ _____ _____	4. Type: _____  5. <b><u>Date Debt Was Incurred:</u></b> _____  6. <b><u>Original Amount of Debt:</u></b> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Yes <input type="checkbox"/> Corp? <input type="checkbox"/> Owed to or by: _____ _____ _____	4. Type: _____  5. <b><u>Date Debt Was Incurred:</u></b> _____  6. <b><u>Original Amount of Debt:</u></b> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 3E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

## **INSTRUCTIONS FOR COMPLETING SCHEDULE 3E, DEBTS AND OBLIGATIONS**

Check **box a** if this Schedule 3E will be used to list debts and obligations owed by or forgiven the committee. Check **box b** if this Schedule 3E will be used to list debts and obligations owed to or forgiven by the committee. *Do not place debts and obligations owed by or forgiven the committee on the same Schedule 3E that shows debts and obligation owed to or forgiven by the committee.*

### **Item 3: NAME AND MAILING ADDRESS:**

#### **DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:**

Enter the name and mailing address of any person, vendor or financial institution that: the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee. **DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:**

Enter the name and mailing address of any person, vendor or financial institution that: owed to the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or during the period covered by the Campaign Statement as owed to the committee. Check the box to indicate whether the debt is owed to an incorporated business. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

**Item 4: TYPE OF OBLIGATION:** Describe the debt or obligation.

**Item 5: DATE DEBT WAS INCURRED:** Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**Item 6: ORIGINAL AMOUNT OF DEBT:** Enter the original of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**Item 7: DATES AND AMOUNTS OF PAYMENTS:** Enter the amount and the date of each payment on the debt or obligation.

**Item 8: CUMULATIVE PAYMENTS:** Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

**Item 9: OUTSTANDING BALANCE:** Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven. If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9. Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 3A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 3-IK). An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee. **DO NOT ADD FORGIVEN DEBT INTO THE SUBTOTALS OR GRAND TOTAL.**

**EXAMPLE PAGES FOLLOW**

**DO NOT USE SAMPLES**

**FOR INFORMATION AND  
EXAMPLE ONLY**



**MICHIGAN DEPARTMENT OF STATE**  
**Bureau of Elections**

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POLITICAL PARTY COMMITTEE COVER PAGE		FOR OFFICIAL USE ONLY	
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.		3. This Statement covers From: <u>10/21/2002</u> To <u>11/25/2002</u> Mo Day Year Mo Day Year	
1. Committee I.D. Number 451239-8	4. Committee's Mailing Address 5920 HALSBECK ROAD ALTON MI 49259		
2. Committee Name ALTON COUNTY POLITICAL PARTY	Area Code and Phone <u>(616) 958-2112</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		
5. Treasurer's Name and Address (Residential or Business) DAVID R. WAINWRIGHT 3218 W. COVINGTON STREET ALTON MI 49259		Area Code and Phone <u>(616) 958-1129</u> Driver License # (Optional)	
6. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) JOYCE A. MEANS 118 S WARREN BLVD ALTON MI 49259		Area Code and Phone <u>(616) 958-1129</u> Driver License # (Optional)	
7. TYPE OF STATEMENT:			
7a. <input type="checkbox"/> PRE-ELECTION OR 7b. <input checked="" type="checkbox"/> POST-ELECTION		7c. <input type="checkbox"/> ANNUAL STATEMENT ( _____ Coverage Year)  7d. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 7a, 7b, 7c or 7e to indicate which Statement is being amended)	
Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> CAUCUS		7e. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ Month Day Year  By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees.  <b>Note:</b> The disposition of residual funds must be reported on Schedule 3B.	
Date of Election: <u>11/05/2002</u> Month Day Year			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, or 6 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <u>DAVID R. WAINWRIGHT</u>		Signature _____ Date <u>12/05/2002</u> Month Day Year	



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ITEMIZED CONTRIBUTIONS SCHEDULE 3A POLITICAL PARTY COMMITTEE		1. Committee I.D. Number <u>451239-8</u>	2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>
<p>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, address and treasurer's name. Report all contributions, regardless of amount.</p>		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>1</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/22/2002</u></p> <p>Contributor Name: <u>ALTON CO CONCERNED CIT CLUB</u></p> <p>Committee Address: <u>5921 HALSBECK ROAD</u></p> <p><u>ALTON MI 19259</u></p> <p>Committee Treasurer's Name: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		450.00	450.00
<p>3. Contribution # <u>2</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/01/2002</u></p> <p>Contributor Name: <u>RUTH ARMSTRONG</u></p> <p>Committee Address: <u>8654 CHERRY TREE LANE</u></p> <p><u>SUITE 2</u></p> <p><u>RUSHVILLE MI 49260</u></p> <p>Committee Treasurer's Name: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>NURSE</u> Employer <u>ALTON GENERAL HOSPITAL</u></p> <p><u>5600 NEEDLE BLVD</u></p> <p>Business Address <u>ALTON MI 49259</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		(150.00)	Memo - itemization
<p>3. Contribution # <u>3</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/01/2002</u></p> <p>Contributor Name: <u>INEZ TAYLOR</u></p> <p>Committee Address: <u>52985 PINE STREET</u></p> <p><u>HECK MI 49261</u></p> <p>Committee Treasurer's Name: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>GROUNDS KEEPER</u> Employer <u>ALTON CO COMM COLLEGE</u></p> <p><u>192 COLLEGE DRIVE</u></p> <p>Business Address <u>ALTON MI 49259</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		(300.00)	Memo - itemization
<p>3. Contribution # <u>4</u> Is this contribution from a PAC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4. Date of Receipt <u>10/22/2002</u></p> <p>Contributor Name: <u>FRIENDS OF GOOD GOV PAC</u></p> <p>Committee Address: <u>4027 RUNAWAY DRIVE</u></p> <p><u>ROMULUS MI 49263</u></p> <p>Committee Treasurer's Name: <u>ANTHONY G DAVIS</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer <u>ANTHONY G. DAVIS</u></p> <p><u>12345 MOCKINGBIRD</u></p> <p>Business Address <u>ALTON MI 49259</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		2500.00	5000.00
		Page Subtotal	2950.00
		Grand Total of All Schedules 3A	
		(Complete on last page of Schedule)	

# EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS SCHEDULE 3A POLITICAL PARTY COMMITTEE		1. Committee I.D. Number <u>451239-8</u>	2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>
<p>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, address and treasurer's name. Report all contributions, regardless of amount.</p>		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # <u>5</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/24/2002</u></p> <p>Contributor Name: <u>NORMAN M. ARBUCKLE</u></p> <p>Committee Address: <u>8489 WILDWOOD BLVD</u></p> <p><u>ALTON MI 49259</u></p> <p>Committee Treasurer's Name: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		10.00	25.00
<p>3. Contribution # <u>6</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/26/2002</u></p> <p>Contributor Name: <u>GREENFIELD CO POL PARTY</u></p> <p>Committee Address: <u>47820 WIDE STREET</u></p> <p><u>GREEN VALLEY MI 49127</u></p> <p>Committee Treasurer's Name: <u>RYAN FITZGERALD</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer <u>RYAN FITZGERALD</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		250.00	250.00
<p>3. Contribution # <u>7</u> Is this contribution from a PAC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4. Date of Receipt <u>10/27/2002</u></p> <p>Contributor Name: <u>HAUSENS BIKE SHOP (NOT CORP)</u></p> <p>Committee Address: <u>5820 MAIN COURT</u></p> <p><u>ALTON MI 49259</u></p> <p>Committee Treasurer's Name: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person</p>		300.00	300.00

Page Subtotal  
Grand Total of All Schedules 3A  
(Complete on last page of Schedule)

560.00
3510.00

# EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Merts Plus

ITEMIZED OTHER RECEIPTS SCHEDULE 3A-1 POLITICAL PARTY COMMITTEE		1. Committee I.D. Number <u>451239-8</u>	
		2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>	
3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt # 1 Name: FIRESIDE RESTAURANT Address: 527 W MT HOPE ALTON MI 49259	Date of Receipt <u>10/22/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	200.00
Receipt # 2 Name: MICHIGAN FIRST BANK Address: 551 HAMILTON ALTON MI 49259	Date of Receipt <u>10/22/2002</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	25000.00
Receipt # 3 Name: MICHIGAN FIRST BANK Address: 551 HAMILTON ALTON MI 49259	Date of Receipt <u>10/31/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Other (Specify)	21.36
Receipt # 4 Name: FRIENDS OF JUDITH GRAYTHROAT Address: 95847 REYNOLDS ALTON MI 49259	Date of Receipt <u>11/15/2002</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input checked="" type="checkbox"/> Other (Specify)	250.00
RETURN OF EXCESS CONTRIBUTION			

Page Subtotal

Grand Total of All Schedules 3A-1  
(Complete on last page of Schedule)

25471.36
25471.36

# EXAMPLE ONLY: DO NOT USE




MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Merts Plus


ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 3-IK POLITICAL PARTY COMMITTEE		1. Committee I.D. Number <u>451239-8</u>	2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>	
3. If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	4. Type of In-Kind Contribution (check applicable box) 5. Date of Receipt: 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)	
Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES Name: <u>RUTH ARMSTRONG</u> Address: <u>9654 CHERRY TREE LANE</u> <u>SUITE 2</u> <u>RUSHVILLE MI 49260</u> If over \$100.00 cumulative, please provide: Occupation: <u>NURSE</u> Employer: <u>ALTON GENERAL HOSPITAL</u> Business Address: <u>5600 NEEDLE BLVD</u> <u>ALTON MI 49259</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>OFFICE SUPPLIES</u> 5. DATE OF RECEIPT: <u>10/22/2002</u> 6. VENDOR NAME & ADDRESS: <u>ACME SUPPLY</u> <u>819 CHIPPEWA PLACE</u> <u>ALTON MI 49259</u>	225.00	225.00	
Contribution # <u>2</u> PAC Receipt? <input checked="" type="checkbox"/> YES Name: <u>NEIGHBORS UNITED PAC</u> Address: <u>9000 GRACE BLVD</u> <u>SUITE 99</u> <u>ALTON MI 49259</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input checked="" type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>LOAN ENDORSEMENT</u> 5. DATE OF RECEIPT: <u>10/22/2002</u> 6. VENDOR NAME & ADDRESS: <u>BANK</u> <u>MICHIGAN FIRST</u> <u>551 HAMILTON</u> <u>ALTON MI 49259</u>	25000.00	25000.00	
Contribution # <u>3</u> PAC Receipt? <input checked="" type="checkbox"/> YES Name: <u>CITIZENS FOR REFORM PAC</u> Address: <u>1298 RAFFERTY DRIVE</u> <u>ALTON MI 49259</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description: <u>FUNDRAISER HALL USE</u> 5. DATE OF RECEIPT: <u>10/31/2002</u> 6. VENDOR NAME & ADDRESS:	500.00	1000.00	
Page Subtotal Grand Total of all Schedules 3-IK (Complete on last page of Schedule)		25725.00	25725.00	

# EXAMPLE ONLY: DO NOT USE

 <b>MICHIGAN DEPARTMENT OF STATE</b> <b>Bureau of Elections</b>		Merts Plus		
<b>ITEMIZED DIRECT EXPENDITURES</b> <b>SCHEDULE 3B</b> <b>POLITICAL PARTY COMMITTEE</b>		1. Committee I.D. Number <u>451239-8</u> 2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>		
3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # <u>1</u> Name: <u>4TH DISTRICT PARTY</u> Address: 2335 6 MILE ROAD CUMBERLAND MI 49227 4. Purpose: _____ Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/22/2002	500.00	
Expenditure # <u>2</u> Name: <u>CITIZENS FOR PROGRESS BQ</u> Address: 920 E SAGINAW CAPITOL CITY MI 49259 4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ Statewide County _____ <u>PROPOSAL A</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/23/2002	500.00	500.00
Expenditure # <u>3</u> Name: <u>FRIENDS OF JUDITH GRAYTHROAT</u> Address: 95847 REYNOLDS ALTON MI 49259 4. Purpose: <u>CONTRIBUTION</u> Expenditure Code: _____	5. <u>PAUL STEVENS</u> Name of Candidate _____ County Sheriff Office Sought & District # or Jurisdiction _____ <u>ALTON</u> County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	10/27/2002	750.00	750.00
Subtotal this page Grand Total of all Schedules 3B (Complete on last page of Schedule)			1750.00	

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

# EXAMPLE ONLY: DO NOT USE

 <b>MICHIGAN DEPARTMENT OF STATE</b> Bureau of Elections		Merts Plus		
<b>ITEMIZED DIRECT EXPENDITURES</b> <b>SCHEDULE 3B</b> <b>POLITICAL PARTY COMMITTEE</b>		1. Committee I.D. Number <u>451239-8</u> 2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>		
3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure # <u>4</u> Name: <u>MICHIGAN FIRST BANK</u> Address: <u>551 HAMILTON</u> <u>ALTON MI 49259</u> 4. Purpose: <u>LOAN PAYMENT</u> Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/01/2002	3000.00	
Expenditure # <u>5</u> Name: <u>4TH DISTRICT PARTY</u> Address: <u>2335 6 MILE ROAD</u> <u>CUMBERLAND MI 49227</u> 4. Purpose: <u>PAYMENT FOR ADV</u> Expenditure Code: _____	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	11/10/2002	50.00	
Subtotal this page Grand Total of all Schedules 3B (Complete on last page of Schedule)			3050.00	4800.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

## CFR Rev 8/1998B-1

# EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Merts Plus

ITEMIZED IN-KIND EXPENDITURES SCHEDULE 3B-2 POLITICAL PARTY COMMITTEE		1. Committee I.D. Number <u>451239-8</u>	2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>	
3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased	4. Type of In-Kind Expenditure (Check applicable box or boxes) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or service)	9. Cumulative for Election or Election Cycle (Through date in Item 5)
Expenditure # <u>1</u> Name: <u>JUDITH GRAYTHROAT</u> Address: <u>95847 REYNOLDS</u> <u>ALTON MI 49259</u> <u>JUDITH GRAYTHROAT</u> Name of Candidate <u>County Commissioner</u> Office Sought & District # or Jurisdiction <u>ALTON</u> County Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input checked="" type="checkbox"/> Goods or Services Purchased - LOAN Description <u>TELEPHONE SERVICE</u> 5. DATE OF EXPENDITURE: <u>10/21/2002</u> 6. VENDOR NAME & ADDRESS: <u>AMERIPHONE</u> <u>44744 RIVES</u> <u>CHICAGO IL 20003</u>	250.00		250.00
Expenditure # <u>2</u> Name: <u>FRIENDS OF GOOD GOV PAC</u> Address: <u>4027 RUNAWAY DRIVE</u> <u>ROMULUS MI 49263</u> Name of Candidate Office Sought & District # or Jurisdiction <u>Statewide</u> County <u>PROPOSAL A</u> Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>LITERATURE DROP</u> 5. DATE OF EXPENDITURE: <u>11/01/2002</u> 6. VENDOR NAME & ADDRESS:		200.00	15700.00
Expenditure # <u>3</u> Name: <u>CITIZENS FOR PROGRESS</u> Address: <u>920 E SAGINAW</u> <u>CAPITOL CITY MI 49259</u> Name of Candidate Office Sought & District # or Jurisdiction <u>Statewide</u> County <u>PROPOSAL A</u> Ballot Proposal	4. <input type="checkbox"/> Loan endorsement or guarantee <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description <u>OLD COMPUTER</u> 5. DATE OF EXPENDITURE: <u>11/05/2002</u> 6. VENDOR NAME & ADDRESS:		550.00	16250.00
Page Subtotal Grand Total of all Schedules 3B-2 (Complete on last page of Schedule)		250.00	750.00	
		250.00	750.00	



# EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

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**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES  
SCHEDULE B-G  
POLITICAL PARTY, POLITICAL OR INDEPENDENT  
COMMITTEES**

1. Committee I.D. Number 451239-8

2. Committee Name ALTON COUNTY POLITICAL PARTY

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f.

**ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.**

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<b>Expenditure # 1 Name &amp; Address:</b> AMERIPHONE 44744 RIVES  CHICAGO IL 20003 For Activity Type "b" - "t", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): <u>TELEPHONE SURVEY</u> Cumulative for Candidate or ballot Proposal \$ _____	11/05/2002	\$ <u>400.00</u>  Memo - itemization below
<b>Expenditure # 2 Name &amp; Address:</b>  For Activity Type "b" - "t", check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement Candidate Name <u>JUDITH GRAYTHROAT</u> Office Sought & District # or Jurisdiction _____ County Commissioner _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input checked="" type="checkbox"/> Get-Out-The Vote Activity (Specify): <u>TELEPHONE SURVEY</u> Cumulative for Candidate or ballot Proposal \$ <u>0.00</u>	11/05/2002	\$ <u>(400.00)</u>  Memo - itemization ALTON
<b>Expenditure # 3 Name &amp; Address:</b> PRINTING TO GO 91000 EASTBRIDGE DRIVE  ALTON MI 49259 For Activity Type "b" - "t", check one: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement Candidate Name <u>JUDITH GRAYTHROAT</u> Office Sought & District # or Jurisdiction _____ County Commissioner _____ Candidate's County <u>ALTON</u> Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input checked="" type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): <u>POLL WORKERS</u> Cumulative for Candidate or ballot Proposal \$ <u>250.00</u>	11/05/2002	\$ <u>250.00</u>  ALTON
Subtotal this page			650.00
Grand Total of all Schedules B-G (Complete on last page of Schedule)			650.00

# EXAMPLE ONLY: DO NOT USE



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

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<b>DEBTS AND OBLIGATIONS SCHEDULE 3E POLITICAL PARTY COMMITTEE:</b>		1. Committee I.D. Number <u>451239-8</u>		
		2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>		
This Schedule itemizes: a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee. OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)				
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an Incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt # <u>1</u> Corp? <input checked="" type="checkbox"/> Yes Owed to or by: <u>MICHIGAN FIRST BANK</u>  <u>551 HAMILTON</u>  <u>ALTON MI 49259</u>	4. Type: _____ Code _____ 5. Date Debt Was Incurred: <u>10/22/2002</u> 6. Original Amount of Debt: <u>\$ 25000.00</u>	11/01/2002 \$ <u>3000.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	<u>3000.00</u>	<u>22000.00</u>     <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: <u>NEIGHBORS UNITED PAC</u>		Amount Endorsed: \$ <u>25000.00</u>		
Debt # <u>2</u> Corp? <input type="checkbox"/> Yes Owed to or by: <u>4TH DISTRICT PARTY</u>  <u>2335 6 MILE ROAD</u>  <u>CUMBERLAND MI 49227</u>	4. Type: _____ Code _____ 5. Date Debt Was Incurred: <u>10/20/2002</u> 6. Original Amount of Debt: <u>\$ 50.00</u>	11/10/2002 \$ <u>50.00</u> _____ \$ _____ _____ \$ _____ _____ \$ _____	<u>50.00</u>	<u>0.00</u>     <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt # _____ Corp? <input type="checkbox"/> Yes Owed to or by: _____  _____  _____	4. Type: _____ Code _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	_____	_____     <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				<u>22000.00</u>
Grand Total of all Schedules 3E (Complete on last page of Schedule showing amounts owed <u>by</u> or <u>to</u> the committee.)				<u>22000.00</u>

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**Merts Plus**

<b>DEBTS AND OBLIGATIONS SCHEDULE 3E POLITICAL PARTY COMMITTEE</b>	1. Committee I.D. Number <u>451239-8</u> 2. Committee Name <u>ALTON COUNTY POLITICAL PARTY</u>												
This Schedule itemizes: a. <input type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee.      OR      b. <input checked="" type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)													
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">4. Type of Obligation (Indicate type and you may assign an expenditure code)</th> <th style="width: 16%;">7. Date and amount of each payment</th> <th style="width: 16%;">8. Cumulative payment to date on debt</th> <th style="width: 35%;">9. Outstanding Balance at close of this period (Item 6 minus Item 8)</th> </tr> <tr> <td style="padding: 5px;">           5. Indicate date debt was incurred            6. Indicate original amount of debt         </td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">           4. Type: <u>TELEPHONE SERVICE</u>             Code <u>          </u>             5. <u>Date Debt Was Incurred:</u>                  <u>10/21/2002</u>             6. <u>Original Amount of Debt:</u>                  <u>\$ 250.00</u> </td> <td style="padding: 5px; vertical-align: top;"> <u>          </u> \$  <u>          </u> \$  <u>          </u> \$  <u>          </u> \$         </td> <td style="padding: 5px; vertical-align: top;"> <u>0.00</u> </td> <td style="padding: 5px; vertical-align: top;"> <u>250.00</u>     <input type="checkbox"/> FORGIVEN         </td> </tr> </table>	4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	5. Indicate date debt was incurred 6. Indicate original amount of debt				4. Type: <u>TELEPHONE SERVICE</u>  Code <u>          </u>  5. <u>Date Debt Was Incurred:</u> <u>10/21/2002</u>  6. <u>Original Amount of Debt:</u> <u>\$ 250.00</u>	<u>          </u> \$ <u>          </u> \$ <u>          </u> \$ <u>          </u> \$	<u>0.00</u>	<u>250.00</u>    <input type="checkbox"/> FORGIVEN
4. Type of Obligation (Indicate type and you may assign an expenditure code)	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)										
5. Indicate date debt was incurred 6. Indicate original amount of debt													
4. Type: <u>TELEPHONE SERVICE</u>  Code <u>          </u>  5. <u>Date Debt Was Incurred:</u> <u>10/21/2002</u>  6. <u>Original Amount of Debt:</u> <u>\$ 250.00</u>	<u>          </u> \$ <u>          </u> \$ <u>          </u> \$ <u>          </u> \$	<u>0.00</u>	<u>250.00</u>    <input type="checkbox"/> FORGIVEN										
Debt # <u>1</u> Corp? <input type="checkbox"/> Yes Owed to or by: <u>JUDITH GRAYTHROAT</u>  <u>95847 REYNOLDS</u>  <u>ALTON MI 49259</u>													
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____													

Page Subtotal (Outstanding debt)	250.00
Grand Total of all Schedules 3E (Complete on last page of Schedule showing amounts owed by or to the committee.)	250.00

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.